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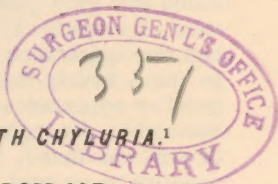
SURGEON TO THE GERMAN HOSPITAL, PHILADELPHIA, ETC.



FROM

THE MEDICAL NEWS,

June 16, 1888.



VESICAL CALCULUS WITH CHYLURIA.¹

BY FERDINAND H. GROSS, M.D.,
SURGEON TO THE GERMAN HOSPITAL, PHILADELPHIA, ETC.

I AM led to report the following case of vesical calculus in a female because of the features of unusual interest which it presented.

Mrs. J. S., aged nineteen, of Italian birth, but now residing in this city, felt very ill after her first confinement in July, 1887. She complained greatly of pain in her back, and was rapidly losing strength. An irregular Italian practitioner was first consulted, who pronounced the case one of kidney disease.

About the 20th of September, 1887, she having become very weak and discouraged, Dr. A. A. O'Daniel, of this city, was requested to take charge of her case. He found her confined to her bed, in a feeble condition, and unable to take sufficient nourishment. She was occasionally affected with vomiting. There existed a painful spot over the left kidney, decided tenderness in the region of the ovary of the same side, and pain which ran down the inside of the corresponding thigh to the knee. An examination *per vaginam* revealed nothing abnormal about the uterus or its appendages. She

¹ Read before the Philadelphia Academy of Surgery.

stated that she "passed milk from her bladder instead of urine." The specimen which was obtained had the appearance of milk. When it was allowed to stand twenty-four hours, it presented the same peculiar appearance as before. No sediment was noticeable. By repeated examination a small amount of pus was found, but by no means sufficient in quantity to account for the emulsive character of the urine, which, after standing for several days, showed a scum on top. Upon agitating the urine with ether a quantity of fatty matter was separated, leaving the residue comparatively clear.

The case was now regarded as one of chyluria, and acting upon this diagnosis Dr. O'Daniel administered thirty grains of gallic acid daily, with very satisfactory result. The urine became almost clear, but if the drug was omitted for a day, its milkiness would return, and when, on account of an irritable condition of the stomach, the use of gallic acid was for a time discontinued, the urine became so thick that it could scarcely be voided, and the pain in the back increased in severity.

By the administration of diuretics and the application of counter-irritants to the back at this time, a degree of relief was afforded, but the urine remained milky. The patient's temperature at different periods ranged from 99°-102° F. Gallic acid was again resorted to, but in small quantity, and with an occasional dose of quinine. The urine thereafter presented somewhat different characters from those which had been noticed before. On standing four or five hours its emulsive character was less thoroughly preserved, and its constituent parts began to separate.

Dr. James Tyson saw the case in consultation, on October 26, 1887. The patient's temperature was

then 102° , and the urine slightly milky. A specimen which had stood from the previous night contained some deposit and showed only slight turbidity. The possibility of the existence of filariæ having been discussed, a few drops of blood were taken from the woman's finger for microscopic examination, but no filariæ were found. Pus was detected in the urine.

When the gallic acid was again discontinued, the urine once more became so thick that it could be passed only with difficulty, and now showed an increased quantity of pus.

When, for the first time, the medical attendant by means of a double current catheter washed out the bladder with a solution of boric acid, he was surprised to discover a stone of large size in that viscus. Tonics were administered and the bladder was washed out daily with the above-named solution.

On November 28th, the patient being a little stronger and the urine having become almost clear, I removed the stone, assisted by Drs. O'Daniel and J. B. Deaver, the latter giving the ether. The urethra was dilated sufficiently to allow the introduction of the index-finger, which came in contact with a calculus too large to be removed unbroken through the natural canal. A pair of forceps was introduced through the dilated urethra, and a portion of the calculus crushed off. On reintroducing the finger, the bent end of a hairpin about an inch in length was felt among some broken débris of the stone. A little delay was occasioned in extracting this forked-shape wire without lacerating the bladder or urethra. A number of stony fragments were removed, and the bladder well washed out. But some difficulty was now experienced in bringing away an olive-shaped fragment measuring an inch and a

quarter in length and three-quarters of an inch in its greatest diameter, and having running through it lengthwise one of the wire prongs of the hairpin, two and a quarter inches long. The free or projecting ends of the wire were buried in the coats of the bladder holding fast the remaining large fragment of the stone, of which the wire formed an elongated nucleus.

By an examination through the vagina, one of the points of the wire buried in the tissues could be readily felt. With only the index-finger in the bladder, this end of the hairpin was disengaged and brought toward the urethra, through which by means of forceps it was extracted with its stony accretions still fastened about it.

The patient recovered well from the effects of the ether and the shock of the operation. On the first evening her temperature rose to 102° , but sank on the following day to 99° , and did not again rise. In a very few days she was able to retain her water perfectly. She was kept in bed for ten days; in a few weeks she gained forty pounds in weight, and has since remained entirely well.

The stone, including all the fragments and lesser débris, weighed five hundred and forty grains. It was composed of mixed phosphates, urates, and fat.

No information could be gained from Mrs. S. as to how or when the hairpin got into her bladder. From her mother it was learned that the patient began complaining of pain in her back and of feeling ill about four years before her marriage, but that no particular discomfort was complained of during her pregnancy.

In regard to the diagnosis of chylous urine in this case, I would add that, after repeated conversations

with the medical attendant on that point, I cannot but adhere to its correctness. In this I am strengthened by the report of a chemical analysis of the calculus, made by Dr. Lawrence Wolff, in which he states that he found fat; which was a substance he had failed to find in the examinations of numerous other vesical calculi, although it was fair to assume that some of the patients from whom they had been taken had had pus in their urine.

The only explanation I can offer for the existence of the chyluria is that the lymphatics of the bladder were wounded by the points of the hairpin, and that a lymphatic varix may have existed, causing a direct leakage from that system and producing a non-parasitic chyluria.

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